

I/We request mediation in the in the matter of \_\_\_\_\_ (child/student's initials) to try to reach an agreement on some or all of the issues regarding educational services for the child/student. I/We have read and understand the written materials describing mediation services and have been fully informed of the following:

- The mediator does not provide the parent(s), the school district, or the child/student with legal representation.
- The mediator does not provide counseling or therapy services.

Please identify individuals who will accompany you to the mediation.

- The mediator is a neutral third party who will assist the group in developing an agreement that is mutually satisfactory.
- If an agreement is reached, the written and signed agreement may be shared with other individuals working with the child/student.
- The signed written agreement is considered legally-binding under the Individuals with Disabilities Education Improvement Act of 2004 (IDEA 04).
- Discussions during the mediation session will be held confidential and can not be used during subsequent proceedings pertaining to the child/student's case.
- The IEP team should reconvene to discuss components of the agreement that should be implemented in the student's IEP.

The following is a summary of the issue(s) that I/We would like to discuss in mediation: (If more space is needed, please include additional pages).

name				Position/Relationship to student				
Please identify other in	ndividuals that you	ı would like to	particip	ate in this	mediation.			
Name			Position/Relationship to student					
		1					1	
School (and District) Name		Address			City	State	Zip + 4 digit code	
Name of School Administrator		Telephone			Email			
Parent/Guardian Name		Address			City	State	Zip + 4 digit code	
Telephone	Cell phone or Email			Student Name		Studen	Student Date of Birth	
Signature of Person(s) Completing This Form					Date	Date		

PLEASE RETURN BY MAIL OR FAX: